## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045926 STATE FILE NUMBER

DEP,								100		1490				
DO NOT WRITE ON THIS STUB		MENDE			HEALTH AND WE	JAN 9 1963	nary Registration D	district No.	Kedizitst.s No					
VS 200 1		1 1	1	1	PLACE OF DEATH	•			2. USUAL RESIDE					ce before ission)
VS 300 Rev. 4/59	AMENDED			I —		Buchas rporate limits, give TOWNS		Length of stay in 1b	e. STATE Miss	our1 "	В	uchanan		e Limits
					_OR	Joseph	37117 (31.17)	80 years	OR _	t. Jose	n h			No [
15/17				_	c. FULL NAME OF (If I	NOT in hospital, give locat	tion)	Inside Limits	d. STREET		If cutside, g	ive location)	^	on Farm
25/172	DATE				HOSPITAL OR INSTITUTION 23	315 Lafayette		Yes 🙀 No 🗋	ADDRESS	2315 I	afayet	te	Yes	No 🔣
3					. NAME OF DECEASED (Type or print)			ddle	Last	4. DATE OF	Mon	ith Day		Year
4 .				l	(17po or print)	ANNA	CA	ROLINA	BRUNKE	DEATH		ber 29,		
				5	. SEX	6. COLOR OR RACE	7. Married 🗆	Never Married  Divorced	8. DATE OF BIRTH	9. AGE (la	st birthday)	IF UNDER 1 YE		
5 2					male	white	Widowed		1/28/1872	90				
6 35	ş			10	during most of working	(Give kind of work done g life, even if retired)	1	JSINESS OR INDUSTR	_		or country)	12. CITIZEN C		OUNIRY
	<u></u>   [			13	housewife	<u></u>	OWN hot	ITE THER'S MAIDEN NAV	<u> </u>	ma <b>ny</b> 14.	NAME OF H	USBAND OR WI	FE	
استن '	FOLL				unknown Wi	ille		unknown			Louis	н_		
8 1. I	2				. WAS DECEASED EVER	IN U.S. ARMED FORCES?		IAL SECURITY NO.	17. INFORMANT	<del></del>		ddress		
9443 X	, HR	1		(Y _	nO	yes, give war or dates of	ne	one	Arthur Bru	nke.231	5 Lnfer	vette.St	.Jese	ph.Mo
7127	<u>o</u> ⊈   ]	1 6	- I		18 CAUSE OF DEATH	(Enter poly one name nor	the factor (b) as	nd (c).		•		•	INTERVAL	
10	⋖	1 1	ΙZ		PART I.	DEATH WAS CAUSED BY:	Time for (a), (b), ar	A _A		/ .	$\sim$	ľ	ONSET AN	BETWEEN D DEATH
	RD A	!	MENI		PART I.	(Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	7/	besten	ine De	ash	Price	ase	ONSET AN	BETWEEN ID DEATH
11	ଧାଁ ନ		OCUMENT		PART I.		7/	gerten.	ine for	ento	Pine	ase	ONSET AN	BETWEEN ID DEATH
11	ଧାଁ ନ		DOCUMENT		Candition	IMMEDIATE CAUSE (a)	Thy	perten.	ine for	ent of	line	ase	ONSET AN	BETWEEN ID DEATH
11	S RECOR		DOCUMENT		Condition which ga above stating t	IMMEDIATE CAUSE (a)  ns, if any, pure rise to cause (a), the under-	)	perten. Ylester	rine fla	ast	Pise	ase	ONSET AN	BETWEEN ND DEATH
11 1290-0	THIS RECOR		DOCUMENT		Condition which gas above castring flying ca	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), he under- suse last. DUE TO (c	)	yferter	ing fla	art of the	Pine	ase	ONSET AN	A ·
11 1290-0 13/-0	ON THIS RECOR		DOCUMENT	TION	Condition which gas above castring flying ca	IMMEDIATE CAUSE (a)  ns, if any, pure rise to cause (a), the under-	c) Type	yferter	(H but not related to	the terminal	PART I	ase	ONSET AN	D DEATH
11 1290-0 13/-0	S ON THIS RECOR		DOCUMENT	ICATION	Condition which gas above castring flying ca	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), the under-suse last.  OTHER SIGNIFICANT C	c) Type	yferter	H but not related to	the terminal	PART I	II. If deceased there a preg	ONSET AN	emale wa
11 1290-0 13/-0	S ON THIS RECOR		DOCUMENT	CERTIFICATION	Condition which gas above to stating flying ca	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), the under-suse last.  OTHER SIGNIFICANT C	ONDITIONS CONT	pertens y fection TRIBUTING TO DEAT	(H but not related to			II. If deceased there a preg	ONSET AN	emale wast 90 day
11 1290-0 13/-0	S ON THIS RECOR		DOCUMENT	š	Condition which gas above containing the lying case PART II.  19. WAS AUTOPSY PERFORMED? YES NO 222. TIME OF Hour	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), the under-suse last.  OTHER SIGNIFICANT C disease condition given in the cause is as a condition given in the cause is a conditi	c) ONDITIONS CONT IN PART I (a)  E HOMICIDE	pertens y fection TRIBUTING TO DEAT				II. If deceased there a preg	ONSET AN	emale wast 90 day
11 1290-0 13/-0	ON THIS RECOR		DOCUMENT	š	Condition which gas above containing the straining of the	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), ave rise to cause (a), ave last.  OTHER SIGNIFICANT C disease condition given in the condition given in the cause of the cause condition given in the cause caus	ONDITIONS CONTINUE HOMICIDE	RIBUTING TO DEAT	W INJURY OCCURRED	). (Enter nature		II. If deceased there a preg	ONSET AN	emale wast 90 day
11 1290-0 13/-0	S ON THIS RECOR		DOCUMENT	M MEDICAL CERTIFICATION	Condition which gas above containing fill lying case part II.  19. WAS AUTOPSY PERFORMED? YES NO SE NO	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), the understant DUE TO (constant of the understant of the underst	ONDITIONS CONTINUE HOMICIDE	TRIBUTING TO DEAT		). (Enter nature		II. If deceased there a preg	ONSET AN	emale wast 90 day
11 1290-0 13/-0	AMENDMENTS ON THIS RECOR		DOCUMENT	š	Condition which gas above containing flying cases and the second	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), the underseque (a), the underseque (a).  OTHER SIGNIFICANT Codisease condition given in the underseque (a), th	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., factory, street, office	TRIBUTING TO DEAT	OW INJURY OCCURRED	LOCATION	of injury in	II. If deceased there a preg	was francy in is	emale was 90 day
11 1290-0 13/-0	AMENDMENTS ON THIS RECOR		DOCUMENT	š	Condition which gas above containing fill lying case part II.  19. WAS AUTOPSY PERFORMED? YES NO SE NO	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), the undersuse (a), the undersuse last. DUE TO (compared to the undersuse last. DUE TO (compared to the undersuse condition given in the unders	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., actory, street, office	TRIBUTING TO DEAT	W INJURY OCCURRED	LOCATION	of injury in	II. If deceased there a preg	was francy in is	emale was 90 day
11 1290-0 13/-0	AMENDMENTS ON THIS RECOR		DOCUMENT	š	Condition which gas above to stating fillying cast part II.  19. WAS AUTOPSY PERFORMED? YES NO SET PART II.  20c. TIME OF Hour a.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT W	IMMEDIATE CAUSE (a)  ns, if any, over rise to cause (a), he undersuse last.  OTHER SIGNIFICANT C disease condition given in the undersuse last.  20a. ACCIDENT SUICID  Month, Day, Year  D 20e. PLACE farm, for the undersuse last.	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., actory, street, office	IRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, ce bldg., etc.)	OW INJURY OCCURRED	C LOCATION	of injury in	II. If deceased there a preg	was francy in le	emale was said 90 day 18.)
11 1290-0 13/-0	AMENDMENTS ON THIS RECOR		OF DOCUMENT	š	Condition which gas above to stating filling cast and the state of the	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), he undersuse last.  OTHER SIGNIFICANT C disease condition given in the undersuse last.  20a. ACCIDENT SUICID  Month, Day, Year  OTHER SIGNIFICANT C disease condition given in the undersuse last.  20a. ACCIDENT SUICID  Month, Day, Year  OTHER SIGNIFICANT C disease condition given in the undersuse last.	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., actory, street, office	IRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, ce bldg., etc.)	20f. CITY, TOWN, Of an edate stated above, 22b. ADDRESS	LOCATION  d last saw her	of injury in	II. If deceased there a preg	was fernancy in la	emale was 90 day Unknow 18.)  STATE
11 1290-0 13/-0	AMENDMENTS ON THIS RECOR		OF DO	14C, Seune, MWDGAL	Condition which gas above to stating fillying cases and the part of the part o	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), the undersuse (a), the undersuse last.  OTHER SIGNIFICANT Codisease condition given in the undersuse (a).  OTHER SIGNIFICANT Codisease condition given in the undersuse condition given in the undersuse condition given in the undersuse (a).  Month, Day, Year  DO	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., factory, street, office or title)	TRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, ce bldg., etc.)  m on the	20f. CITY, TOWN, Of an and also stated above, 22b. ADDRESS 213 77	LOCATION  d last saw her and to the bes	alive on	II. If deceased there a preg	was francy in la	emale was 90 day 18.)  STATE  STATE
11 1290-0 13/-0	SHOULD READ INSTEAD OF		OF DO	14C, Seune, MWDGAL	Candition which gas above containing flying cast a starting flying cast and the starting flying flying cast and the starting flying cast and the starting flying flying cast and the starting flying flying cast and the starting flying cast and the starting flying flying cast and the starting flying flying cast and the starting flying cast and the starting flying cast and the starting flying flying cast and the starting flying flying cast and the starting flying cast and the starting flying flying flying flying cast and the starting flying flyi	IMMEDIATE CAUSE (a)  ns, if any, ave rise to cause (a), the undersuse (a), the undersuse last.  OTHER SIGNIFICANT C disease condition given in the undersuse (a).  OTHER SIGNIFICANT C disease condition given in the undersuse condition given in the undersuse (a).  Month, Day, Year  D 20e. PLACE farm, for the undersuse condition given in the undersuse (a).	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., actory, street, office actory, office	IRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, ce bldg., etc.)  The control of the contr	20f. CITY, TOWN, OI  2 9 6 3 an  1 4 4 5 ADDRESS  2 1 3 77  EMATORY	LOCATION  d last saw her hand to the best  272 423d. LOCATION	alive on	II. If deceased there a preg	was francy in la	emale was sat 90 day: Unknow  18.)  STATE  STATE  ATE SIGNE  3/-62
11 1290-0 13/-0	NO. SHOULD READ INSTEAD OF		OF DO	146, Senne, M WEDCAL	Candition which gas above to stating filling cast and the state of the	IMMEDIATE CAUSE (a)  ns, if any, over rise to cause (a), the undersuse last.  OTHER SIGNIFICANT C disease condition given in the undersuse last.  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.  DUE TO (c)  OTHER SIGNIFICANT C disease condition given in the undersuse last.	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., actory, street, office actory, office	IRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, ce bidg., etc.)  I, to	20f. CITY, TOWN, OI  2 9 6 3 an  1 4 4 5 ADDRESS  2 1 3 77  EMATORY	LOCATION  d last saw her and to the bes  272  23d. LOCATIO	alive on t of my know	II. If deceased there a preg	was francy in la	emale was sat 90 day: Unknow  18.)  STATE  STATE  ATE SIGNE  3/-62
11 1290-0 13/-0	SHOULD READ INSTEAD OF		OQ	146, Senne, M WEDCAL	Candition which gas above containing flying cast a starting flying cast and the starting flying flying cast and the starting flying cast and the starting flying flying cast and the starting flying flying cast and the starting flying cast and the starting flying flying cast and the starting flying flying cast and the starting flying cast and the starting flying cast and the starting flying flying cast and the starting flying flying cast and the starting flying cast and the starting flying flying flying flying cast and the starting flying flyi	IMMEDIATE CAUSE (a)  ns, if any, sive rise to cause (a), he under- suse last.  OTHER SIGNIFICANT Condition given in the under- disease condition given in the under- suse last.  DUE TO (condition given in the under- disease condition given in the under- disease condition given in the under- disease from 20e. PLACE farm, for the under- diseased from 12:10  23b. DATE 12/31/1962	ONDITIONS CONTINUE HOMICIDE  OF INJURY (e.g., actory, street, office or title)  23c. NAME C. Ashl.	in or about home, ce bidg., etc.)  Tributing to Deat  20b. DESCRIBE HO  in or about home, ce bidg., etc.)  The cemetery or critical and Cemeter  25. DA	20f. CITY, TOWN, OF an and date stated above, 22b. ADDRESS 213 77 EMATORY	LOCATION  d last saw her and to the bes  272  23d. LOCATIO	alive on	II. If deceased there a preg	was francy in la	emale was sat 90 day: Unknow  18.)  STATE  STATE  ATE SIGNE  3/-62

A Part of the Control of the Control

smit issued 12/30/62

## STATEMENT BY LICENSED EMBALMER

		_, Student Embalmer No	
<b>5</b> 1	Eus.	wood	
. Signed		70x4	-
	Lic	ensed Embalmer No.	110
	Signed	Lic	En wood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.